EM Label No. EV496922319US

Patent 41743.8005.US00

UTILITY DECLARATION Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled THERAPEUTIC ADMINISTRATION OF THE SCRAMBLED ANTI-ANGIOGENIC PEPTIDE C16Y the specification of which

(Check One)	☒	is attached hereto OR	
	· 🗖	was filed on	as United States Application No.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes No	

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned
,	PCT/US2004/004142	February 12, 2004	Pending/Published

EM Label No. EV496922319US

Patent 41743.8005.US00

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name Karl	MIDDLE Initial G.	LAST Name Csaky	•
201	RESIDENCE & CITIZENSHIP	City Kensington	State or Foreign Country MD	Country of Citizen U.S.A.	ship
	POST OFFICE ADDRESS	4306 Dresden St.	City Kensington	State or Country MD	Zip Code 20895
INV	INVENTOR'S SIGNATURE That A. Cun DATE 6/9/06				

	FULL NAME OF INVENTOR	FIRST Name Hynda	MIDDLE initial	LAST Name Kleinman	
202	RESIDENCE & CITIZENSHIP	City Kensington	State or Foreign Country MD	Country of Citizen U.S.A.	ship .
	POST OFFICE ADDRESS	9710 Hill Street	City Kensington	State or Country MD	Zip Code 20895
INV	ENTOR'S SIGNATUR	RE		DATE	

	FULL NAME OF INVENTOR	FIRST Name Lourdes	MIDDLE Initial	LAST Name Ponce	
203	RESIDENCE & CITIZENSHIP	City Germantown	State or Foreign Country MD	Country of Citizen U.S.A.	ship
	POST OFFICE ADDRESS	21304 Purple Aster Court	City Germantown	State or Country MD	Zip Code 20876
INV	INVENTOR'S SIGNATURE Judgonee DATE				

3014027392

MARTIN & ASSOCIATES

08/09/2008 08:48 FAX 16172773533

Ø 001

MAX to 301-402-7392

EM Label No. EV496922319US

41743.8DQ5,USQQ

UTILITY DECLARATION Application

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled THERAPEUTIC ADMINISTRATION OF THE SCRAMBLED ANTI-ANGIOGENIC PEPTIDE C18Y the specification of which

is attached hereto OR (Check One) was filed on

as United States Application No.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(a) listed below.

Application Number(s)	Filing Date
	•

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned
	PCT/US2004/004142	February 12, 2004	Pending/Published

Ø1002

EM Label No. EV496922319US

Palent 41743,8005,U800

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name Karl	MIDOLE (nitia) G.	LAST Name Csaky	
201	RESIDENCE & CITIZENSHIP	City Kensington	State of Foreign Country MD	Country of Citizenship U.S.A.	ship
	POST OFFICE ADDRESS	4306 Dresden St.	City Kensington	State or Country MD	Zip Code 20895
IN/	INVENTOR'S SIGNATURE			DATE	*

	FULL NAME OF INVENTOR	FIRST Name Hynda	MIODLE Initial	LAST Name Kleinman	
202	RESIDENCE & CITIZENSHIP	City Kensington	State or Foreign Country MD	Country of Citizen U.S.A.	ship
	POST OFFICE ADDRESS	9710 Hill Street	City Kensington	State or Country MD	Zip Code 20895
INV	ENTOR'S SIGNATU	RE Hyndrey	2. Kleinmen	DATE 8/19	106

INVENTOR'S SIGNATURE				DATE	
	POST OFFICE ADDRESS	21304 Purple Aster Court	City Germantown	State or Country MD	Zip Code 20876
203	RESIDENCE & CITIZENSHIP	Cily Germantown	State or Foreign Country MD	Country of Cilizenship U.S.A.	
	FULL NAME OF INVENTOR	FIRST Name Lourdes	MIDDLE Initial	LAST Name Ponce	